

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006084

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 320

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED MAR 1 1963

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Springfield

Length of stay in 1b

6 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Drs' Memorial Hospital, Inc.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Greene

c. CITY

OR  
TOWN

Springfield

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

(If outside, give location)

2054 N. Park

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Alfred

Middle

A

Last

Stearns

4. DATE

OF  
DEATH

Month

Feb. 27,

Day

1963

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-28-1904

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cafe Operator

10b. KIND OF BUSINESS OR INDUSTRY

Cafe

11. BIRTHPLACE (City and state or country)

Fair Grove, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Arthur Stearns

13b. MOTHER'S MAIDEN NAME

Dilia Wommack

14. NAME OF HUSBAND OR WIFE

Mrs. Dorothy Stearns

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address 2054 N. Park

Mrs. Dorothy Stearns - Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Sepsis &amp; Terminal Pneumonia.

Thrombotic Encephalomalacia

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b) Cerebral Hemorrhage.

DUE TO (c) Hypertensive Cardiovascular disease.

INTERVAL BETWEEN

ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

disease condition given in PART I (a)

PART III. If deceased was female, was

there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-21-63

to 2-27-63

and last saw her alive on 2-27-63

Death occurred at 2-27-63

11:45

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

234 1/2 E. Commercial-Springfield, Mo

22c. DATE SIGNED

2-27-63

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

23b. DATE

2-23-63

23c. NAME OF CEMETERY OR CREMATORY

Robberson Priaire

23d. LOCATION (City, town, or county)

Springfield Greene Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Rainey's chapel of the Ozarks, Spfld Mo

25. DATE RECD. BY LOCAL REG.

2-1-63

26. REGISTRAR'S SIGNATURE

Effie E. Mutton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

MAR 19 1963  
APR 19 1963

Printed 3-1-63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by HAL Roger Duff, Student Embalmer No. 677

working under my personal supervision.

Student

Hal Roger Duff  
Signature of Student Embalmer

Signed

Harmon D. Lohm

Licensed Embalmer No. 5159

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.